

Damaged Document(s)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

1. PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH		State File No. <u>1</u>	
BUREAU OF VITAL STATISTICS		Standard Certificate of Birth		Registered No. <u>29</u>	
County _____		State <u>ARIZONA</u>			
Township _____		or Village _____			
City <u>Miami</u>		No. _____		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)					
2. Full name of child <u>Bernardo Franco</u> { If child is not yet named, make supplemental report, as directed					
3. Sex <u>Male</u>	If plural births _____	4. Premature _____	5. Is mother married? <u>yes</u>	6. Date of birth <u>Sept. 30</u>	19 <u>18</u>
7. In order of birth _____		Full term _____		(Month, day, year)	
9. Full name <u>Bernardo Franco</u>			18. Full maiden name <u>Modesta Padilla</u>		
10. Residence (usual place of abode) <u>Miami, Arizona,</u>			19. Residence (usual place of abode) <u>Miami, Arizona.</u>		
(If non-resident, give place and State)			(If non-resident, give place and State)		
11. Color or race <u>Mex.</u> at last birthday <u>42</u> (Years)			20. Color or race <u>Mex.</u> 21. Age at last birthday <u>22</u> (Years)		
13. Birthplace (city or State or Country) <u>Mexico</u>			22. Birthplace (city or place) <u>Mexico</u>		
(State or Country)			(State or Country)		
14. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Miner</u>			23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____		
26. Total time (years) spent in this work _____			26. Total time (years) spent in this work _____		
27. Number of children (At time of this birth) <u>1st</u>					
(a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____					
28. If stillborn, period of gestation _____					
29. Cause of stillbirth _____					
Before labor _____					
During labor _____					
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
The birth of this child, who was <u>Born alive</u> at _____ m. on the date above stated (Born alive or stillborn)					
(Signed) <u>Bernardino Franco</u> M.D.					
or _____					
Address <u>1838 E. Adams Phoenix</u>					
Filed <u>Feb. 28</u> 19 <u>37</u> <u>M. Cron</u> Registrar.					
I hereby certify that the birth of this child, who was _____ at _____ m. on the date above stated (Born alive or stillborn)					
(When there was a physician or midwife, then etc., should make the Given name added for a supplemental report)					

20M 1-S-36

Signature of Father in this 166-930
471
1838 E. Adams Phoenix
Feb. 28 1937
M. Cron Registrar.